

EXHIBIT 2

The Growth and Institutionalization of Narcotic Conservatism:

The Historical Background of the U.S. Opioid Addiction and Overdose Crises

Expert Report and Appendices Pertinent to the Opioid MDL

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Here I would add that the core historical finding of this report—that liberal prescribing practices have fostered iatrogenic opioid addiction, while conservative prescribing practices have prevented it—has been subjected to peer review and has already appeared in print. I have made this and other arguments in refereed books and articles published by selective university presses and journals that require review by multiple peers whose identities are unknown to the authors. The secondary historical sources on which I draw, such as books and articles by Professors Caroline Acker and David Musto, have undergone similar independent review processes. They too appeared in print years before the 2018 filing of the second amended complaint for the opioid MDL, the document I received when I agreed to serve as an expert consultant.

Opinions

In the course of an epidemic of opiate addiction in the late nineteenth century medical and pharmaceutical professionals learned that it was dangerous to prescribe narcotic drugs to patients suffering from what is now called chronic nonmalignant pain (CNP). The principal risk of such treatment was addiction.

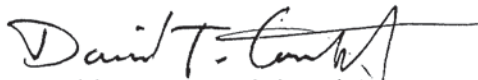
The knowledge of the addictive danger of prescribing narcotics for CNP was significant, lasting, and institutionalized.

It was significant because it helped end, through primary prevention, the country's first major opiate addiction epidemic.

It was lasting because warnings against prescribing narcotics for CNP became a fixture of medical instruction and literature.

Put another way, the pharmaceutical industry in the early 1980s confronted four realities. First, tens of millions of Americans suffered from some form of chronic pain for which no sure and convenient treatment was available. Second, despite a half century of trying, researchers had failed to find the holy grail of a non-addictive narcotic analgesic. No drug was to morphine what Novocain was to cocaine: a pain-deadener that did not also produce brain reward, tolerance, and potential addiction. Third, any company that successfully marketed a narcotic analgesic *as if it were this grail* could realize a substantial profit. Fourth, conventional medical opinion and federal regulators regarded any such attempt as, respectively, unethical or unlawful. Narcotic conservatism stood in the way of market expansion. Absent a genuine discovery of a non-addictive narcotic analgesic, profit maximization required that narcotic conservatism be vanquished.

Respectfully submitted, •


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